

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10009770**

FILING DATE

APPLICANT(S)

7-23-07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3						
4		3				3
5						1
6						1
7						1
8						
9	1		1		1	
10						1
11						1
12						1
13	1		1		1	
14						1
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24						
25						
26						
27	1		1		1	
28		1		1		1
29		2				1
30		2				1
31						1
32						1
33	1		1		1	
34						1
35						1
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48				3		3
49						1
50						1
TOTAL IND.		↓		↓	9	↓
TOTAL DEP.		←		←	50	←
TOTAL CLAIMS					59	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				3		3
52				1		1
53						1
54				3		3
55						1
56						
57			1		1	
58					1	
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96						
97						
98						
99						
100						
TOTAL IND.		↓		9	↓	9
TOTAL DEP.		←		49	←	50
TOTAL CLAIMS				58		59